

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17769

State File No.

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. 627 | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (In this place) 6 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | d. STREET ADDRESS (If rural, give location) 621 Thompson St. 0117 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Everett | | b. (Middle) Zillman | | c. (Last) Faudere | | 4. DATE OF DEATH (Month) June (Day) 18 (Year) 1955 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb. 5, 1917 | |
| 9. AGE (In years last birthday) 38 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboratory worker | | 10b. KIND OF BUSINESS OR INDUSTRY Serum Mfg. | | 11. BIRTHPLACE (State or foreign country) Keytesville, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Thomas J. Faudere | | 13b. MOTHER'S MAIDEN NAME Pearline Littleton | | 14. NAME OF HUSBAND OR WIFE Ella Faudere | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) Yes W. W. 2 | | 16. SOCIAL SECURITY NO. 493-12-6015 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella Faudere 621 Thompson St. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION St. Joseph, Mo. INTERVAL BETWEEN ONSET AND DEATH 24 hrs 60 hrs 60 hrs | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Toxemia & Bacteremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gangrenous Intestine DUE TO (c) Small Bowel Obstruction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5702 | | | | | | | |
| 19a. DATE OF OPERATION 6/18/55 | | 19b. MAJOR FINDINGS OF OPERATION Intestinal Obstruction (Jejunum) 12" gangrenous intestine | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) | | | |
| 21d. TIME (Month) (Day) (Year) (Hour) (Minute) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| I hereby certify that I attended the deceased from June 17, 1955, to June 18, 1955, that I last saw the deceased alive on June 18, 1955, and that death occurred at 9:25 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) D.O. 823 FARAON ST. St. Joseph, Mo. | | | | 23b. ADDRESS | | 23c. DATE SIGNED 6/18/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 20, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. | | 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo. | |
| DATE REC'D BY LOCAL REG. June 23, 1955 | | REGISTRAR'S SIGNATURE Gather M. Allison | | 25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home | | ADDRESS St. Joseph, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1955

JUN 28 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4238

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.